

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sarah McIntosh
Name

(2) 4521 NW 27th Street
Address (number and street)

Lauderhill FL 33313
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY
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CITY CLERK'S OFFICE

(4) Check appropriate box(es):

☒ Candidate Office Sought: Lauderhill City Commissioner, Seat 2

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 18 To 1 / 31 / 18 Report Type: 2018 M1

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 79 . 71

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 79 . 71

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 79 . 71

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

/ I certify that I have examined this report and it is true, correct, and complete:

(Type name) Sarah McIntosh

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X Sarah McIntosh
Signature

(Type name) Sarah McIntosh

☐ Candidate ☐ Chairperson (only for PC and PTY)

X Sarah McIntosh
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Sarah Mcintosh

(2) I.D. Number _____

(3) Cover Period 1/1/18 through 1/31/18

(4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/1/18	VistaPrint 275 Wlyn Street Waltham, MA 02451	CAN	Business Cards	N/A	55.71
1/31/18	TD Bank	Statement Fee		N/A	12.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					